

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554407

FILING DATE

28 JUL 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/	/		
3			/	/		
4			/			
5			/			
6				/		
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47				/		
48				/		
49				/		
50				/		
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	15	←	65	←	
TOTAL CLAIMS		80				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55			/			
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95						
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97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

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